

party lines to avoid the political show-down by having this up-or-down vote at all costs, not trying to search for a common ground, not having an adequate, thorough debate in the committee and on the floor, and a \$400 billion program.

I would like to know, when is the last time the Senate has created a \$400 billion social program that has had no consideration in the Senate Finance Committee, or any committee of the Senate, and has had virtually no consideration on the floor, no amendments, just an up-or-down vote? If you do not get your 60, tough luck: Is that what the Senate is all about, Madam President? Is that what it is all about? It is winning at all costs?

Who is going to pay for those costs? Our Nation's seniors. Our Nation's seniors are going to pay the cost—that is what this is all about—and they are going to pay a high cost because so many will either have minimal coverage or no coverage at all. This is how many people, when one looks at this chart, will be omitted from coverage in the plan offered by the Senator from Florida: 26 million Medicare beneficiaries.

I know we can do better. We worked for more than a year to create a plan that included Democrats, included our Independent, Senator JEFFORDS from Vermont, so that we could avoid this kind of impasse.

I would hope that we would avoid this unnecessary political showdown today or tomorrow. I hope we can put aside our differences and forge solutions to the problems that our Nation's seniors face when it comes to catastrophic costs for our Nation's seniors who have a chronic illness.

In fact, there was an op-ed piece in the New York Times yesterday which indicated that most people face costs of \$1,200 to \$1,500. They are the chronically ill. Guess what. Under the plan offered by the Senator from Florida, many of those individuals will not get any coverage until they spend \$3,300. They will get no coverage whatsoever.

Won't they be surprised when we pass a so-called prescription drug benefit coverage that says the Nation's seniors are now covered and when they find out, no, not exactly. You will pay an annual fee of \$25 and then discover you do not have any coverage because, if you earn \$17,721 as an individual, you get zero coverage until you spend \$3,300. If you are a couple and earn \$23,881 in income, then you have to spend \$3,300 in prescription drugs before you get any coverage. That is a huge gap in coverage.

Last week, in the two votes we did have on the two competing plans, there was a common thread. That common thread was continuing to embrace universal coverage in the Medicare Program, which is a principle that most of us—97 percent, 97 votes—supported continuing in the Medicare Program. If we take the approach of low income and catastrophic coverage solely as the

kind of benefit we decide to enact in the Senate, we are abandoning the principle of universal coverage in the Medicare Program.

I hope we do not plan to move in that direction. That clearly will be the wrong approach. It will be the wrong approach for Medicare and certainly will be the wrong approach for our Nation's seniors. We can do better, and I hope we will do better. We have the ability to do better.

I urge my colleagues to reconsider and I urge the leadership to avoid any votes so we can continue to work on this issue, if it takes August and come back in September, if we cannot do it this week. But let's avoid the kind of confrontation that will manifest itself in the vote that is recommended on the one plan alone.

I thank the Chair, and I yield the floor.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is now closed.

GREATER ACCESS TO AFFORDABLE PHARMACEUTICALS ACT OF 2001

The PRESIDING OFFICER. Under the previous order, the Senate will now resume consideration of S. 812, which the clerk will report.

The legislative clerk read as follows:

A bill (S. 812) to amend the Federal Food, Drug, and Cosmetic Act to provide greater access to affordable pharmaceuticals.

Pending:

Reid (for Dorgan) amendment No. 4299, to permit commercial importation of prescription drugs from Canada.

McConnell amendment No. 4326 (to amendment No. 4299), to provide for health care liability reform.

The PRESIDING OFFICER. The Republican leader.

Mr. LOTT. Madam President, I do wish to speak in behalf of the McConnell amendment. I realize time has expired, but I yield myself time under leader time.

Mr. REID. Will the Senator yield?

Mr. LOTT. Recognizing Members may be interested in what the schedule will be in the next hour and maybe even right after lunch, I will be glad to yield to Senator REID for information.

Mr. REID. Madam President, both leaders are in the Chamber. I ask unanimous consent that whatever time the Republican leader uses for his speech, the remaining time until 5 to 1 be equally divided for Senator KENNEDY and Senator MCCONNELL to speak on the pending amendment.

The PRESIDING OFFICER. Is there objection?

Mr. MCCONNELL. Reserving the right to object, I say to my friend from Nevada, I simply did not hear what he was asking.

Mr. REID. I am sorry. Morning business got a little out of hand this morn-

ing. There was too much morning business. We are now on the bill. The Republican leader wishes to speak for 5 or 10 minutes under leader time. I ask unanimous consent that the remaining time be divided equally between Senator MCCONNELL and Senator KENNEDY to speak on the McConnell amendment.

Mr. MCCONNELL. How much time is remaining?

Mr. REID. It will probably be about 50 minutes.

Mr. MCCONNELL. Fifty?

Mr. LOTT. Fifty.

Mr. MCCONNELL. Equally divided.

Mr. REID. Until 5 to 1.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. LOTT. Madam President, I thank Senator REID for that clarification so we can get some further time for debate on this important issue and so that Senator MCCONNELL can talk more about the specifics.

I believe in this country we have a medical malpractice crisis. There is a huge problem with frivolous lawsuits being filed and large verdicts being rendered. Let me read some of what is happening in my own State where within a few days the legislature is going to have a special session to try to deal with this crisis because doctors are getting out of obstetrics; they are getting out of the business of delivering babies. And they are getting out because the doctors cannot get medical malpractice insurance coverage. As they lose their coverage they are also leaving the State. We now have huge areas of the State where there are few, if any, doctors available to deliver babies.

In Mississippi we are expected to lose an estimated 400 doctors this year because they are retiring, getting out of practice, or moving to other States, including Louisiana. Why Louisiana? Because in Louisiana they have some caps on punitive damages that help limit the size of the verdicts against doctors.

Madam President, last year, in Bolivar County, there were six doctors providing obstetrical care. Today there are three. In neighboring Sunflower County, all four doctors who delivered babies quit private practice. So there is a large area where the citizens of my state cannot get medical care for pregnant mothers and for delivering babies because their doctors cannot get or cannot afford malpractice insurance.

Some expectant mothers now have to drive 100 miles just to get to a doctor, let alone a regional hospital. In the northern half of the State last year, there were nine practicing neurosurgeons; now there are just three on emergency call. And it does not appear that the situation is going to get any better soon. The North Mississippi Medical Center, a hospital that serves 22 counties and 600,000 people, is finding it impossible to recruit new doctors.

But not only is the next generation of doctors being scared away from the